



Central Management Services requests disclosure of information that is necessary to establish its obligations including the statutory purposes under the Internal Revenue Code Section 457(b). Disclosure of the information requested on this form is mandatory, and failure to provide requested information may result in rejection of this form or delay in making a determination of eligibility. Social Security numbers are used to properly identify participants and their beneficiaries and report withholding information to the IRS as necessary. Confidentiality of Social Security numbers obtained through this change of address process will be preserved as prescribed by 5 ILCS 179 et seq. For more information, call the Deferred Compensation Office at 800-442-1300, 217-782-7006 or TDD 800-526-0844.

Last Name	First	Middle	Social Security #	Pay Code
-----------	-------	--------	-------------------	----------

**BENEFICIARIES** (A beneficiary may be a person, trust, estate, or other legal entity.) The percentages for both the Primary Beneficiaries and the Contingent Beneficiaries must be in whole numbers and each should total 100%.

- Designate "P" or "C" for Primary or Contingent Beneficiary. List all Primary Beneficiaries first.

P or C	Last Name	First	Middle	Relationship	Date of Birth	Social Security #
	Street			City/State/Zip		Percent to Receive
						%

P or C	Last Name	First	Middle	Relationship	Date of Birth	Social Security #
	Street			City/State/Zip		Percent to Receive
						%

P or C	Last Name	First	Middle	Relationship	Date of Birth	Social Security #
	Street			City/State/Zip		Percent to Receive
						%

P or C	Last Name	First	Middle	Relationship	Date of Birth	Social Security #
	Street			City/State/Zip		Percent to Receive
						%

P or C	Last Name	First	Middle	Relationship	Date of Birth	Social Security #
	Street			City/State/Zip		Percent to Receive
						%

P or C	Last Name	First	Middle	Relationship	Date of Birth	Social Security #
	Street			City/State/Zip		Percent to Receive
						%

**READ THIS INFORMATION COMPLETELY BEFORE SIGNING**

- Participants may designate primary and contingent beneficiaries. Contingent beneficiaries become effective only after the death of all primary beneficiaries prior to the death of the participant. Once a primary beneficiary becomes entitled to the benefits, the contingent designation by the participant is no longer in effect.
- If more than one beneficiary is named in either category, benefits will be paid according to the following rules:
  - Beneficiaries can be designated to share equally or to receive specific percentages.
  - If a beneficiary dies before the participant, the benefits will be paid only to the surviving beneficiaries. If more than two beneficiaries are originally named to receive different percentages of the benefits, surviving beneficiaries will share in the same proportion to each other as indicated in the original designation.

Example: Original designation is: John Doe, 10%; Mary Doe, 50%; and William Doe 40%. If Mary Doe dies before the participant, John Doe will be entitled to receive 20% of the benefits and William Doe, 80%.
- Beneficiary designations may be changed at any time by filing a new form with the department. The new designation will be effective when received by the department.
- If a beneficiary has not been designated, or all designated beneficiaries have died prior to the participant's death, or the designation is ineffective for any reason, the estate of the participant will be the beneficiary.

I hereby elect my beneficiary(ies) as named above. This designation of beneficiaries supersedes all prior designations of beneficiaries I have made.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Send completed form to your agency liaison or directly to the State of Illinois, Deferred Compensation Office at P.O. Box 19208, Springfield, IL 62794-9208.

In compliance with the State and Federal Constitution, the Illinois Human Rights Act, the Americans with Disabilities Act, and Section 504 of the Federal Rehabilitation Act, the Department of Central Management Services does not discriminate in employment, contracts or any other activity. If you have a complaint of discrimination, please call the Office of the Director of CMS at (217) 782-2141 or TDD (217) 782-2000.